

12-27-00

A/RE

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PTO/SB/50 (4/98)

Approved for use through 09/30/2000 OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	3252RE
First Named Inventor	Neboisa Jovicic
Original Patent Number	5855007
Original Patent Issue Date (Month/Day/Year)	December 29, 1998
Express Mail Label No.	264783461305

APPLICATION FOR REISSUE OF:

(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

- ☒ * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
 - ☒ Specification and Claims (amended, if appropriate)
 - ☒ Drawing(s) (proposed amendments, if appropriate)
 - ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
 - Original U.S. Patent
☐ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
☐ Ribboned Original Patent Grant
☒ Affidavit / Declaration of Loss (PTO/SB/55)
 - Original U.S. Patent currently assigned?
☒ Yes ☐ No
- (If Yes, check applicable box(es))

☒ Written Consent of all Assignees (PTO/SB/53 or 54)☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney

ACCOMPANYING APPLICATION PARTS

- ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- * Small Entity ☐ Statement filed in prior application,
Statement(s) ☐ Status still proper and desired
(PTO/SB/09-12)
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- ☒ Other: Statement of the Status of
the Claims And
Explanation of Support For
Added Claims

* NOTE FOR ITEMS 1 & 10 IN ORDER TO BE ENTITLED TO PAY
SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED
(37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION
IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS

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(Insert Customer No. or Attach bar code label here)

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NAME (Print/Type)	Michael P. Mazza	Registration No. (Attorney/Agent)	34,092
Signature	Michael P. Mazza /hw	Date	12/21/00

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

3252RE

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 9	Total Claims (37 CFR 1.16(j))	(B) 16	**** 0 =	x \$	=	or	x \$ 18 = 0
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 10	* 7 =	x \$	=		x \$ 80 = 560
Basic Fee (37 CFR 1.16(h))					\$		\$ 710
Total Filing Fee					\$	OR	\$ 1,270

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$	=	or	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=		x \$ =
Total Additional Fee					\$	OR	\$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☐ Please charge Deposit Account No. _____ in the amount of _____ .
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 14-1131 .
A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 1,270.00 to cover the filing / additional fee is enclosed.

10/21/00

Date

Michael P. Mazza/ew

Signature of Applicant, Attorney or Agent of Record

Michael P. Mazza

Typed or printed name

JC912 U.S. PTO
09/748807
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